1 Manifest 0 1 5 - 001835 See reverse side for Instructions. Please type or print clearly. Press Hard. 744 P Street, Sacramento, CA 95814 GENERATOR 4 Alternate TSD Facility (Generator Must Complete) Designated TSD Facility (Authorized to operate under an SFUND RECORDS CTR approved state program or federal program) 999000872 (2) Name ZUMINUM CO OF AMERICA Name OPERATION INTO RUTURN (AOO)4/2666 EPANO. EPA NO. Address 5/51 PLOUS ALE Phone No. 585614 (Address 900 POTERU GRANDE Address City, State, Zip VI=RIVV PCCS ST City, State, Zip MONTER & DYARK City, State, Zip_ U.S. DOT PROPER SHIPPING NAME CONTAINERS NUMBER: TYPE: DRUMS BAGS CARTONS WASTE MANK TRUCK DUMP TRUCK WASTE ☐ OTHER **WASTE CATEGORY** (7) EX. HAZ. WASTE PERMIT NO. CONC. LIST COMPONENTS: UNITS UNITS □ % □ ppm. □ % □ ppm. □% □ ppm. □ % □ ppm. □ % □ ppm. □ % □ ppm. Non Hazardous Material 100 □ % □ ppm. (10) WASTE PROPERTIES: pH____ ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Sensitizer ☐ Carcinogen/Mutagen DOTHER PLUMINUM OXIDES & LUBTUR Liquid √ Sludge ☐ Gas ☐ Sturry SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles Respirator GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA. IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 TRANSPORTER (HAULER MUST COMPLETE) ASBURY OIL CO. 15) PICK-UP DATE 200 AM DPM (14) NAME CAD028277036 EPA NO. 13419 Halldale Avenue PHONE NO. (213) 321-1392 Gardena, California 90249 CITY, STATE, ZIP Signature of Authorized Agent and Title (FACILITY-OPERATOR MUST COMPLETE) TSD FACILITY THE 18 QUANTITY (If Measured) HANDLING OR DISPOSAL METHOD: EPA NO. ☐ Surface Impoundment ☐ Land Treatment PHONE NO. ☐ Injection Well (20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND ☐ Treatment (Specify)... ☐ Recovery or Beuse ☐ Storage/Transfer IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY (22) NAME EPA NO. Signature of Authorized Agent and Title **Date Accepted**

ORIGINAL

CALIFORNIA HAZARDOUS WASTE MANIFEST